

Case Number:	CM14-0180034		
Date Assigned:	11/06/2014	Date of Injury:	04/10/2012
Decision Date:	12/17/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 46 year-old female with date of injury 04/10/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/06/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the bilateral L5-S1, left sciatic notch, left thigh, left calf anterior, posterior and lateral aspect, as well as the left plantar foot. There was limited and painful range of motion with flexion and extension maneuvers. Diagnosis: 1. Lumbar spine spondylosis at L4-5 and L5-S1 per MRI 09/28/2012 2. Lumbar spine L5-S1 level, there is a 4mm posterior disc osteophyte complex 3. Lumbar spine left lower extremity radiculopathy 4. Moderate narrowing of the left L5-S1 neural foramen 5. Chronic pain, other 6. Depressive disorder 7. Lumbar radiculopathy. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as four months. No SIG was provided by the physician for the following medications. Medications: 1. Restoril 30mg, #30 2. Ultram 50mg, #90, 3. Celebrex 200mg, #60, 4. Omeprazole 20mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Restoril 30mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference 68th ed.;

www.RxList.com; Official Disability Guidelines (ODG) Drug Formulary; htm.drugs.com;
www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com;
www.agencymeddirectors.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The patient has been taking blank for much longer than the 4 weeks suggested by the MTUS. Restoril 30mg, #30 is not medically necessary.

Ultram 50mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference 68th ed.; www.RxList.com; Official Disability Guidelines (ODG) Drug Formulary; htm.drugs.com;
www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com;
www.agencymeddirectors.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient is reporting minimal, intermittent pain. There is no documentation supporting the continued long-term use of opioids. Ultram 50mg, #90 is not medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference 68th ed.; www.RxList.com; Official Disability Guidelines (ODG) Drug Formulary; htm.drugs.com;
www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com;
www.agencymeddirectors.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The patient has been taking Celebrex for at least 4 months with no documentation of improvement. Celebrex 200mg #60 is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference 68th ed.; www.RxList.com; Official Disability Guidelines (ODG) Drug Formulary; htm.drugs.com; www.online.epocrates.com; Monthly Prescribing Reference, www.empr.com; www.agencymeddirectors.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg #30 is not medically necessary.